

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1															
2	1														
3															
4															
5															
6															
7															
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24															
25															
26	1														
27															
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40															
41															
42															
43															
44															
45	1														
46		3													
47		3													
48		3													
49		3													
50		3													
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

56  
+22  
78

51 3  
52 3  
53 3  
54 3  
55 3  
56 3

3  
75  
78